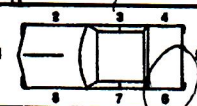
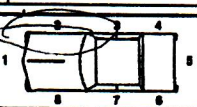


OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO 15-11768		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE			
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED 1		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED			
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY LEBANON		DATE OF CRASH 7/13/15		DAY MON		TIME MILITARY 1232	
CRASH OCCURRED ON McDonalds on Main Street						WITHIN THE INTERSECTION OF					
IF NOT IN INTERSECTION MILES FEET W N E S OF						CITY CODE					
LOG-1		LOG-2		LOC JUR FH9 FILT							
A UNIT NO. 1		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/>		DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT Meridian Security			
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Hall, Sandra						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 956 Watts CRK Rd Williamsburg, KY 40769					
PHONE NO 606-549-0632		BIRTH DATE 03/23/48		AGE 66		SEX F		SOCIAL SECURITY NO N/A		STATE KY	
DRIVER'S LICENSE NO H93-474-302		OCCUPATION N/A		OWNER (IF SAME AS DRIVER, WRITE SAME) Same		ADDRESS Same		PHONE Same			
VEH YR 2009		MAKE Chevy		MODEL 45		COLOR Red		STYLE 45		STATE KY	
LICENSE PLATE NO 384 KGE		TOWING SERVICE N/A		VEH. PED DIR FROM TO							
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
8 UNIT NO. 1		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/>		DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT Allstate			
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) McMahon, Ryan						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1251 Anthony Trac, Waynesville, OH 45068					
PHONE NO 513-748-9097		BIRTH DATE 2/14/97		AGE 18		SEX M		SOCIAL SECURITY NO N/A		STATE OH	
DRIVER'S LICENSE NO VD664544		OCCUPATION N/A		OWNER (IF SAME AS DRIVER, WRITE SAME) Same		ADDRESS Same		PHONE Same			
VEH YR 2010		MAKE Ford		MODEL 45		COLOR Blk		STYLE 45		STATE OH	
LICENSE PLATE NO EWG2925		TOWING SERVICE N/A		VEH. PED DIR FROM TO							
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
C FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE		AGE		POSITION	
		ADDRESS				PHONE		SEX		A B C D E F	
D FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE		AGE		INJURIES	
		ADDRESS				PHONE		SEX		A B C D E F	
E FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE		AGE		CONDITION	
		ADDRESS				PHONE		SEX		A B C D E F	
F FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE		AGE		CONDITION	
		ADDRESS				PHONE		SEX		A B C D E F	
A B C		INJURED TAKEN TO				By		A B C D E F		ALCOHOL	
D E F		INJURED TAKEN TO				By		A B C D E F		A B C D E F	
A B C		OFFENSE CHARGED AND DESCRIPTION				A B C D E F		A B C D E F		A B C D E F	
D E F		OFFENSE CHARGED AND DESCRIPTION				A B C D E F		A B C D E F		A B C D E F	
A B C		RECEIVED CALL				DISPATCHED		ARRIVED		CLEARED	
D E F		DATE REPORT FILED				PHOTOS		OFFICER'S NAME		BADGE NO	
A B C		7/13/15				YES NO		E. Holmes		122	
D E F		OTHER TIME				TOTAL MINUTES		CHECKED BY		A B C D E F	
A B C		1232				1233		0000		0007	
D E F		1 NOT EJECTED				2 PARTIAL		3 TOTAL		4 TRAPPED INSIDE VEHICLE	
A B C		1 NOT USED				2 NONE AVAILABLE		3 LAP BELT USED		4 LAP/SHOULDER BELT USED	
D E F		5 SHOULDER BELT USED				6 CHILD SAFETY SEAT		7 AIR BAG USED		8 USE NOT REPORTED	
A B C		1 NO ALCOHOL DETECTED				2 HBD ABILITY IMPAIRED		3 HBD ABILITY NOT IMPAIRED		4 HBD ABILITY UNKNOWN	
D E F		1 NO DRUGS DETECTED				2 USING PRESCRIBED DRUG		3 USING ILLICIT DRUG		A B C D E F	